

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>✓</i>	<i>00</i>	<i>1/30/89</i>
FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 (Through numeral) Canceled A Appeal
 - Restricted O Objected

Claim	Date
Final Original	
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17	<i>✓</i>
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19	<i>✓</i>
20	<i>0</i>
21	<i>0</i>
22	<i>✓</i>
23	<i>✓</i>
24	<i>0</i>
25	<i>0</i>
26	<i>0</i>
27	<i>✓</i>
28	<i>6</i>
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34	<i>0</i>
35	<i>✓</i>
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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